

FARBER & CO.
ATTORNEYS, P.C.

*Please Direct All Correspondence to
333 Hegenberger Road, Suite 504
Oakland, CA 94621*

April 12, 2019

Via United States Mail and Facsimile
213-612-5746

Maria Neish
Chubb Group Los Angeles
PO Box 30850
Los Angeles, CA 90030

Re: Jonathan Shockley v. Cardionet LLC
WCAB ADJ12031731
DOI CT 06/25/2018 - 02/15/2019
Claim No. 7173815490

Dear Maria Neish:

Attached is **Panel# 7250892** and panel request and a copy of our previously mailed objection.

At this time we would like to extend the opportunity to utilize an Agreed Medical Evaluator. If you have any interest in pursuing an AME please contact our office.

In the event you are not inclined to proceed with an AME, please advise us within the statutory period what doctor you are striking. Once we have been notified, we will contact the Applicant regarding selection of the final doctor so that an appointment can be scheduled for the Applicant.

I await your response.

Very truly yours,
FARBER & COMPANY ATTORNEYS, P.C.



Iana Zadneprovskaya, Esq.
IZ/sl

Date Request Received: 04/11/2019

Date Issued: 04/12/2019

No. of Request: 1

Claim No(s): 7173815490

Date(s) of Injury: 02/15/2019

Requesting Party: APPLICANT ATTORNEY

Employer: CARDIONET LLC

Ins./Adj. Agency: MARIO CASTRO
CHUBB GROUP LOS ANGELES
PO BOX 42065
PHOENIX, AZ 85080

Employee: JONATHAN SHOCKLEY

Applicant Attorney: IANA ZADNEPROVSKAIA
FARBER OAKLAND
333 HEGENBERGER RD STE 504
OAKLAND, CA 94621

Defense Attorney:

Selected Qualified Medical Evaluator Panel:

Physician's Name: PAUL (GURPAL) SANDHU, MD

Tel No.: (888) 853-7944

Address: 870 MARKET ST STE 600
SAN FRANCISCO, CA 94102

Specialty: PAIN MEDICINE

In Practice Since: 2000

Physician's Education: OHIO STATE UNIVERSITY, COLUMBUS, OH

Physician's Training: ROTATING-RIVERSIDE HOSPITAL, COLUMBUS, OH, 1996-1997
PHYS MED & REHAB-HARVARD/MASS. GENERAL HOSPITAL, BOSTON, MA, 1997-2000

Physician's Name: WAYNE E ANDERSON, DO

Tel No.: (888) 748-4057

Address: 155 VALENCIA ST
SAN FRANCISCO, CA 94103

Specialty: PAIN MEDICINE

In Practice Since: 1993

Physician's Education: UNIVERSITY OF HLTH SCIENCES, COLL OSTEO MED PACIFIC, POMONA, CA

Physician's Training: ROTATING-KAISER, SAN FRANCISCO, CA, 1993-1994
NEUROLOGY-UNIVERSITY OF CALIFORNIA, MARTINEZ, CA, 1995-1998

Physician's Name: GARY MARTINOVSKY, MD

Tel No.: (510) 758-7462

Address: 2299 POST ST STE 211
SAN FRANCISCO, CA 94115-3473

Specialty: PAIN MEDICINE

In Practice Since: 2001

Physician's Education: STANFORD UNIVERSITY SCHOOL OF MEDICINE, STANFORD, CA

Physician's Training: INTERNAL MEDICINE-KAISER PERMANENTE, OAKLAND, CA, 2000-2001
ANESTHESIOLOGY-STANFORD MEDICAL CENTER, STANFORD, CA, 2001-2004

PANEL REQUEST INFORMATION

Claim Number	7173815490
Date of Injury	02/15/2019
Requesting Party	APPLICANT ATTORNEY
Name of Primary Treating Physician	PATRICK LANG
Specialty of Treating Physician	HAND (MHH)
Date of report being objected to	03/05/2019
Date of objection communication	03/22/2019
QME Specialty Requested	PAIN MEDICINE (MPA)
Opposing Party's QME Specialty Preferred	UNKNOWN
Labor Code	§ 4061
Dispute Type	FUTURE MEDICAL TREATMENT

EMPLOYEE INFORMATION

Full Name	JONATHAN SHOCKLEY
Mailing Address	1000 SUTTER STREET - RM 123
City, State, Zip Code	SAN FRANCISCO, CA, 94109

APPLICANT ATTORNEY INFORMATION

Full Name	IANA ZADNEPROVSKAIA
EAMS UAN Number	7912453
Applicant Attorney Firm Name	FARBER OAKLAND
Address/PO Box	333 HEGENBERGER RD STE 504
City, State, Zip Code	OAKLAND, CA, 94621
Phone Number	(510) 444-2512
Email	

EMPLOYER AND CLAIMS ADMINISTRATOR INFORMATION

Employer Name	CARDIONET LLC
Claims Administrator Name	MARIO CASTRO
EAMS UAN Number	4916531
Claims Administrator Company Name	CHUBB GROUP LOS ANGELES
Address/PO Box	PO BOX 42065
City, State, Zip Code	PHOENIX, AZ, 85080
Phone Number	(213) 812-5378
Email	

DEFENDANT ATTORNEY INFORMATION

Defense Attorney Name	
Defense Attorney Firm Name	
EAMS UAN Number	
Address/PO Box	
City, State, Zip Code	
Phone Number	
Email	

DECLARATION CONFIRMATION

Requestor Name	IANA ZADNEPROVSKAIA
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UPLOAD DOCUMENT

Document File Name	FULL_OBJECTION_TO_PTP_REPORT_FOR_PANEL_ADMITTED_4061.PDF.PDF
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FARBER & CO.
ATTORNEYS, P.C.

*Please Direct All Correspondence to
333 Hegenberger Road, Suite 504
Oakland, CA 94621*

March 22, 2019

Via United States Mail

Maria Neish
Chubb Group Los Angeles
PO Box 30850
Los Angeles, CA 90030

Re: Jonathan Shockley v. Cardionet LLC
WCAB ADJ12031731
DOI CT 06/25/2018 - 02/15/2019
Claim No. 7173815490

Dear Madam:

Pursuant to Labor Code Sections 4061, applicant hereby objects to the 03/05/19 report of Primary Treating Physician, Dr. Lang. Should we be unable to agree upon the use of an AME, we will proceed forward by requesting a QME Panel pursuant to Labor Code Section 4062.2.

Very truly yours,
FARBER & COMPANY ATTORNEYS, P.C.



Iana Zadneprovskaia, Esq.
IZ/sl

The Hand Center of San Francisco, Inc

Kyle D Bickel, MD

Patrick O Lang, MD

Hand and Wrist Surgery

Upper Extremity Reconstruction

Microsurgery

Reconstructive Surgery

2019-03-01

Chubb/Wc
Po Box 42065
Phoenix, AZ 85080

RE: Jonathan Shockley
Employer: Biotelemetry
DOI: 02/16/2019
Claim #: 7173815490

HAND SURGERY CONSULTATION

Dear Ladies and Gentlemen:

I saw this patient today for evaluation of his bilateral hand, wrist, and forearm pain. Thank you for the referral.

HISTORY OF INJURY This patient is a 40-year-old right-hand-dominant electrocardiogram technician who reports a several month history of worsening bilateral hand, wrist, and forearm pain. He reports that his job requires very intense and prolonged use of a computer and mouse. The symptoms arose in the setting of at work. He does not recall any other specific history of trauma.

CURRENT SUBJECTIVE COMPLAINTS The patient reports vague and diffuse bilateral hand, wrist, and forearm pain.

PREVIOUS WORK/INJURY HISTORY The patient reports a prior Achilles tendon injury.

PAST MEDICAL HISTORY Patient denies any significant past medical history. Surgical history includes removal of a bone spur from the foot and two prior Achilles tendon operations. Medications include aspirin and Advil as needed. He has no known drug allergies.

SOCIAL HISTORY The patient works as an electrocardiogram technician but does extensive data analysis on a computer. He previously worked as a ballet dancer. He does not smoke. He does not drink alcohol.

Patient Name Shockley, Jonathan

Date of Visit 2019-03-01

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PHYSICAL EXAM Vital signs SPO2 100%, blood pressure 116/59, heart rate 61, respiratory 12, temperature 96.7.

Examination of the bilateral upper extremities reveals no deformity. Tinel's sign in the ulnar nerve at the elbow is negative bilaterally. Forearm compartments are soft and nontender to palpation bilaterally. Finkelstein's test is negative bilaterally. Watson's test is negative bilaterally. Wrist and digital range of motion are normal bilaterally. There is no A1 pulley tenderness or triggering throughout either hand. Sensation is grossly intact distally bilaterally.

IMPRESSION 40-year-old man with bilateral upper extremity repetitive strain injury.

TREATMENT RECOMMENDATIONS I had a lengthy discussion with the patient regarding his diagnosis of repetitive strain injury. The symptoms are undoubtedly related to his work on a computer. I recommended he begin working with an occupational hand therapist on a repetitive strain protocol. I also talked with him about optimizing his computer workstation ergonomics and using dictation software as much as possible. All questions are answered. I can see him back in 6-8 weeks to reassess his symptoms.

Thank you again for the referral. Please let me know if I can be of any further help.

Sincerely,

Patrick O Lang, M.D.

Cal Lic #A106890

POL/ja

ELECTRONICALLY SIGNED BY PATRICK O LANG, MD

Executed at San Francisco, CA. Date: 3/5/2019 6:42:42 AM

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated California Labor Code 139.3

UAN: Farber Oakland
ERN: 7912453
Ruben Amezquita
(510) 444 – 2512 x 130
Ruben.amezquita@farberandco.com

PROOF OF SERVICE BY MAIL

I, the undersigned, am employed in the County of Alameda; I am over 18 years of age, and I am not a party to the within action; my business address is: Farber & Company Attorneys, P.C., 333 Hegenberger Road Suite 504, Oakland, CA. On April 12, 2019 I served the within:

PQME STRIKE LETTER

on the parties listed below in said action by placing a true and correct copy thereof in a sealed envelope with the required postage therein, fully prepaid, for collection and mailing on the date and at the place shown below following ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that this correspondence was placed for collection and mailing, it was deposited in the ordinary course of business in a sealed envelope with postage fully prepaid and deposited in the United States mail at Oakland, CA, addressed as follows:

Maria Neish
Chubb Group Los Angeles
PO Box 42065
Los Angeles, AZ 85080

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on April 12, 2019 at Oakland, CA.



Samantha Lopez